



BURLINGTON POLICE DEPARTMENT

1 North Avenue
Burlington, Vermont 05401

Michael E. Schirling
Chief of Police

Phone (802) 658-2704
Fax (802) 865-7579
Business Office Fax (802) 864-5945
TTY/TDD (802) 658-2700

TO: Property Owners

The City of Burlington Ordinance relating to the Regulation of Security Alarm Systems, as revised and signed by the Mayor on July 14, 2004, is attached. Permits are required and contact information must be provided. The annual permit fee of \$36.00 is billed in July of each year. New permits will be assessed on a pro-rated basis of \$3.00/month through June 30th.

It is the owners' responsibility to ensure that current contact information is provided to the Burlington Police Department. Please inform those who will be operating or testing your alarm system that there are response charges that will be assessed per the enclosed ordinance.

Response charges shall be assessed as follows for the period between July 1 and June 30:

First response	-	Warning
Second response	-	Warning
Third response	-	\$ 70.00
Fourth response	-	\$100.00
Fifth or subsequent response	-	\$150.00

Also enclosed is an alarm permit application. Please complete this form and return it to the Burlington Police Department, c/o Business Office. You will be billed for the permit fee upon receipt of the application in the Business office. The permit will be mailed upon receipt of the fee.

Failure to obtain a permit will result in a fine of up to \$500.00.

If you have any questions, please don't hesitate to contact us at the Business Office at (802) 540-2107.

Sincerely,

Lise E. Veronneau, Business Manager
BURLINGTON POLICE DEPARTMENT

S:/ASB/SharedAcctg/Alarm Billing - Police/Police Alarm - Permit Application with letter

Respect ~ Honor ~ Remember

Officer James W. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947

PERMIT NUMBER: _____
(to be issued by Burlington Police)



BURLINGTON POLICE DEPARTMENT
1 North Avenue
Burlington, Vermont 05401

**PERMIT APPLICATION FOR INSTALLATION OF
SECURITY ALARM SYSTEM**

Date: _____

Name of Applicant: _____

Name and address of business/residence where alarm is to be installed. If resident, telephone number of occupant contact: _____

Owner Name: _____ **Telephone Number:** _____

Billing Contact Name: _____ **Telephone Number:** _____

Address: _____

E-mail: _____

Alarm Company (name & address)
Monitoring Station:

Contact Name, address & telephone number of at least two people when resident is away:

1.

2.

Please return c/o: Burlington Police Department, Attn: Security Alarms, 1 North Avenue, Burlington, VT 05401. Call (802) 540-2107 with any questions.

WARNING: Failure to obtain a permit will result in a fine up to \$500.00

Respect ~ Honor ~ Remember

Officer James W. McGrath, end of watch May 12, 1904; Officer J. Albert Fisher, end of watch December 15, 1947